OLIFF & BERRIDGE, PLC Telephone: (703) 836-6400 Facsimile: (703) 836-2787 Attorney Docket No.: 110530

## **CUSTOMER NUMBER 25944**

**AMENDMENT TRANSMITTAL** 

Group Art Unit: 1645

Examiner: P. BASKAR

In re the Application of

Didier RAOULT et al.

Application No.: 09/936,921

Filed: September 24, 2001

For: DIAGNOSIS OF WHIPPLE'S DISEASE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.

Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

|   | (Column 1)                                | (Column 2)                            | (Column 3)       |  |
|---|---|---------------------------------------|------------------|--|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |
| TOTAL CLAIMS                                | *44 MINUS                                 | **42                                  | =2               |  |
| INDEP CLAIMS                                | *6 MINUS                                  | ***4                                  | =2               |  |
| ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  |  |

| SMALL<br>ENTITY |       |              |          |  |
|-----------------|-------|--------------|----------|--|
|                 | RATE  | ADD'L<br>FEE | <u> </u> |  |
| ı               | x 25  | \$           |          |  |
|                 | x 100 | \$           |          |  |
|                 | + 180 | \$           |          |  |
| •               |       | \$           |          |  |
|                 |       |              | •        |  |

| OTHER THAN A<br>SMALL ENTITY |       |              |  |  |
|------------------------------|-------|--------------|--|--|
| OR.                          | RATE  | ADD'L<br>FEE |  |  |
|                              | x 50  | \$ 100       |  |  |
|                              | x 200 | \$ 400       |  |  |
| ΩR                           | + 360 | \$           |  |  |
|                              |       | \$ 500       |  |  |
|                              | •     |              |  |  |

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

The fees are being paid electronically with this filing. The Commissioner is hereby authorized to charge any additional fee (or credit any overpayment) associated with this communication to Deposit Account No. 15-0461.

Respectfully submitted,

Learn Tim

William P. Berridge Registration No. 30,024

Leana Levin

Registration No. 51,939

WPB:LL/can
Date: July 19, 2007